MAILING INSTRUCTIONS: This form should to seed for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee The second direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate of maintenance fee notifications with the payment of issue Fee of the realiter. "FEE AD ONDE เก็บง balisagab gried ai eanebnogaemoo aidhventongspadeness dhange (Complete only if there is a change) 1. CORE Service with sufficient postage as first bias-F. INVENTOR'S NAME TO JUST Street Address City, State and ZIP Code DAVID M. OSTFÉLÉDISTE bas sineles CHAMBERLAIN, HRDLICKA, WHITE, O.O HolganiseM CO-INVENTOR'S NAME WILLIAMS & MARTIN Street Address 1200 SMITH STREET, 1400 CITICORP CENJER City, State and ZIP Code --Check if additional changes are on reverse side ERIAL NO. TOTAL CLAIMS EXAMINER AND GROUP ART UNIT DATE MAILED 12/03/93 012 11 RAMINEZ, 3/162,42**0/** 06/10/94 First Named Applicant TOMPKINS. INVENTION A MICROCOMPUTER SPA CONTROL SYSTEM (AS AMENDED) ATTY'S DOCKET NO CLASS SUBCLASS BATCH NO APPLY TYPE SMALL ENTITY DATE DUE papers. Each additional paper, such as an assymment or termal drawings BSA ism UTALITY own SIESEN 136585.00 09/12/94 3. Further correspondence to be mailed to the following: 4. For printing on the patent front David M.Ostfeld page, list the names of not more than David M. Ostfeld 3 registered patent attorneys or Chamberlain, Hrdlicka, White, agents OR alternatively, the name of a Williams & Martin firm having as a member a registered 1200 Smith Street, Suite 1400 attorney or agent. If no name is Houston, TX 77002 listed, no name will be printed. DO NOT USE THIS SPACE 090 BA 08/12/94 08162420 1 242 585.00 CK 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) 6a. The following fees are enclosed: (1) NAME OF ASSIGNEE: XX Issue Fee Advanced Order - # of Copies Siege Industries, Inc. (Minimum of 10), 6b. The following fees should be charged to: (2) ADDRESS: (City & State or Country) DEPOSIT ACCOUNT NUMBER \_\_\_\_\_15-6097 Houston, Texas
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION (Enclose Part C) Issue Fee Advanced Order - # of Copies e 20 medes to complete. Time will vary Any Deliciencies in Enclosed Fees (Minimum of 10) A. This application is NOT assigned.

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